

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice
United States Marshals Service

JUN 16 2025

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF
Caleb L. McGillvaryCLERK, U.S. DISTRICT COURT
NORTH DISTRICT OF CALIFORNIACASE No.
3:22-cv-07702-RFL

DEFENDANT

Dan Hagan

TYPE OF PROCESS
See belowSERVE
AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Dan Hagan

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

532 Park Way, South San Francisco, CA 94080

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Caleb L. McGillvary- #1222665
New Jersey State Prison
SBI #102317G
PO Box 861
Trenton, NJ 08625Number of process to be
served with this Form 28

3

Number of parties to be
served in this case

1

Check for service
on U.S.A.SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses,
All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Summons, Amended Complaint, Docket No. 45

Signature of Attorney other Originator requesting service on behalf of:



Mark B. Busby

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

510-637-3535

DATE:

June 10, 2025

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total
number of process indicated.
(Sign only for USM 285 if more
than one USM 285 is submitted)

Total Process

3

District of

Origin

No. 11

District to

Serve

No. 11

Signature of Authorized USMS Deputy or Clerk

Date

6/11/25

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described
on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.~~NEP~~ Thereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

of DUSMs: 1

Address (complete only different than shown above)

of hours for all DUSMs: 1

of round trip miles for all vehicles: 22

☐ A person of suitable age and discretion
then residing in defendant's usual place
of abode

Date

6/13/25

Time

9:44

☒ am
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
					\$0.00

REMARKS: OCCUPANT AT RESIDENCE ADVISED MR. DAN HAGAN
DOESN'T RESIDE THERE

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment,
if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 12/15/80
Automated 01/00